

Foster Family Home - Deficiency Report

Provider ID: 1-510009

Home Name: Eliza Bonilla, CNA

Review ID: 1-510009-17

95-676 Lauawa Street

Reviewer: Maribel Nakamine

Mililani

HI

96789

Begin Date: 6/23/2025

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 6/23/25
Compliance Manager
Eliza Bonilla 6/23/25
Primary Care Giver Date